

JC05 Rec'd PCT/PTO 17 JUN 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PHOTON COUNTING IMAGING DEVICE
Attorney Docket Number::	2002P19586WOUS
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWISS  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: BROENNIMANN  
City of Residence:: EHRENDINGEN  
State or Province of Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: IM BUEHL  
1  
City of Mailing Address:: EHRENDINGEN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 5420

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMAN  
Status:: Full Capacity  
Given Name:: BERND  
Middle Name::  
Family Name:: SCHMITT  
City of Residence:: ZUERICH  
State or Province of Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing Address:: IM TIERGARTEN  
59  
City of Mailing Address:: ZUERICH  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 8055

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::

City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::

City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 28204

**Representative Information**

Representative Customer Number:: 28204

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003P008886	11/8/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	03 000 359.4	01/10/2003	Yes
EP	03 000 358.6	01/10/2003	Yes
EP	03 001 143.1	01/21/2003	Yes

**Assignment Information**

Assignee Name:: PAUL SCHERRER INSTITUT

Street of Mailing Address::

City of Mailing Address:: VILLIGEN PSI

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: 5232